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BMY PATENT DEPT.

SEP 17 1991

WALLINGFORD, CT

NOTICE OF ALLOWANCE
AND ISSUE FEE DUE

DAVID M. MORSE
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WALLINGFORD, CT 06492-7660

Smw/aff

- ☐ Note attached communication from the Examiner
☐ This notice is issued in view of applicant's communication filed _____

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/554,904	07/24/90	018	HULINA, A	152 09/13/91
First Named Applicant NAIR, XINA				

TITLE OF INVENTION: SYNERGISTIC SKIN DEPIGMENTATION COMPOSITION

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1	WW-0041A	424-059.000	S97	UTILITY	NO	\$1050.00	12/13/91

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED.

THE ISSUE FEE MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED.

HOW TO RESPOND TO THIS NOTICE:

I. Review the SMALL ENTITY Status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the Status is changed, pay twice the amount of the FEE DUE shown above and notify the Patent and Trademark Office of the change in status, or
B. If the Status is the same, pay the FEE DUE shown above.

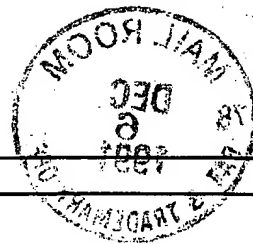
If the SMALL ENTITY is shown as NO:

- A. Pay FEE DUE shown above, or
B. File verified statement of Small Entity Status before, or with, payment of 1/2 the FEE DUE shown above.

- II. Part B of this notice should be completed and returned to the Patent and Trademark Office (PTO) with your ISSUE FEE. Even if the ISSUE FEE has already been paid by a charge to deposit account, Part B should be completed and returned. If you are charging the ISSUE FEE to your deposit account, Part C of this notice should also be completed and returned.
- III. All communications regarding this application must give series code (or filing date), serial number and batch number. Please direct all communications prior to issuance to Box ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees.

PART C - CHARGE TO DEPOSIT ACCOUNT



1. CORRESPONDENCE ADDRESS

SEP 1 1991

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
First Named Applicant				

TITLE OF INVENTION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE

DO NOT USE THIS SPACE

2a. The following fees are enclosed:

☐ Issue Fee ☐ Advanced Order - # of Copies _____
 (Minimum of 10)

2b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 02-3850
☒ Issue Fee ☐ Advanced Order - # of Copies 25
☐ Any Deficiencies in Enclosed Fees (Minimum of 10)

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

(Date)

12/2/91

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT

PART B - ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless directed otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
DAVID M. MORSE BRISTOL-MYERS SQUIBB COMPANY P. O. BOX 5100 WALLINGFORD, CT 06492-7660	INVENTOR'S NAME Street Address City, State and ZIP Code CO-INVENTOR'S NAME Street Address City, State and ZIP Code <input type="checkbox"/> Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/554,904	07/24/90	018	HULINA, A	152 09/13/91
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1 WN-0041A	424-059,000	997	UTILITY	NO	\$1050.00	12/13/91

3. Further correspondence to be mailed to the following:	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 _____ 2 _____ 3 _____

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02-3850 110 142 1,050.00CH
02-3850 110 301 37.50CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	6a. The following fees are enclosed:
(1) NAME OF ASSIGNEE:	<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies: _____ (Minimum of 10)
(2) ADDRESS: (City & State or Country)	6b. The following fees should be charged to:
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION	DEPOSIT ACCOUNT NUMBER 02-3850 (Enclose Part C)
A. <input type="checkbox"/> This application is NOT assigned.	<input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies 25 (Minimum of 10)
<input type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office.	<input type="checkbox"/> Any Deficiencies in Enclosed Fees
<input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	(Signature of party in interest of record) (Date)
	12/2/91
	NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE
Commissioner of Patents and Trademarks
Washington, D.C. 20231

on December 2, 1991

(Date)

Elaine M. Mennillo

(Name of person making deposit)

(Signature)

December 2, 1991

(Date)

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This form is estimated to take 20 minutes to complete. Time will vary depending upon the needs of the individual applicant. Any comments on the amount of time you require to complete this form should be sent to the Office of Management and Organization, Patent and Trademark Office, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.